Certificate of Discontinuance of Business

I, HEREBY CERTIFY that I have conducted or transacted business under the name of

name was filed in the d and that the last a office of the said certify that the fili business was disc	ga State of New York and the office of the Saratoga ay of 20 amended certificate was file County Clerk under instruming of a certificate in said continued on the ss is conducted have chan	County Clerk , under intended on the sent number County is no day of	, County of Saratoganstrument number day of onger required for the control of the	a, State of N 2 ; and I he he reason th or the cond	lew York on 20 , in the ereby further hat the said litions under
I therefore desire to file this certificate of discontinuance.					
In Witness Wh signed this certific	erenf, the undersigned have ate.	e this	day of	20	, made and
					
STATE OF NEW COUNTY OF SAF					
On this the Public in and for s	day of aid State, personally appea	in the year ared	before me, the	e undersigne	ed, a Notary
whose name(s) is executed the sam	to me or proved to me or (are) subscribed to the wi e in his/her/their capacity(ie or the person upon behalf o	thin instrumer es), and that by	t and acknowledged his/her/their signatu	I to me that ure(s) on the	he/she/they instrument,

Notary Public